

<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">1</div> <div style="font-size: 1.5em; font-weight: bold;">CLAIMS ONLY</div>		Application Number <div style="font-size: 1.5em; font-weight: bold;">10/035168</div>	Filing Date <div style="height: 30px;"></div>
Applicant(s)			
* May be used for additional claims or amendments			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
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11						
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13						
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20	1					
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35						
36	1					
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43						
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49						
50						
Total Indep	2					
Total Depend	13					
Total Claims	15					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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Application Number 101035168	Filing Date
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Applicant(s)	
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